

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039718

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 142 Primary Registration District No. 4231 Registrar's No. 44

FILED OCT 21 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 0460			
2 0460			
3			
4 1			
5 1			
6			
7 0			
8 2			
9 4/201			
10			
11			
12 270			
13 40			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	
ITEM NO.			

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Mtn. View, Mo.</u>		c. CITY OR TOWN <u>Willow Springs, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>306 East Third</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY LILLIE HILL</u>		4. DATE OF DEATH Month Day Year <u>10 11 63</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/6/84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Mtn. View, Mo.</u>	
13a. FATHER'S NAME <u>J.R. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>James W. Hill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion</u> DUE TO (b) <u>Prob embolus from intracranial thrombus</u> DUE TO (c) <u></u>		17. INFORMANT Address <u>Evelyn Eidson (daughter)</u> <u>Kansas City, Mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Surgical Hernia repair of incarcerated inguinal hernia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Willow Springs, Mo.</u>	
21. I attended the deceased from <u>June 1960</u> to <u>Oct 11 1963</u> and last saw her alive on <u>Oct. 10 1963</u> Death occurred at <u>7:15</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Amos L. Coffee</u> (Typed or typed) <u>Amos L. Coffee</u>	
22b. ADDRESS <u>Willow Springs, Mo.</u>		22c. DATE SIGNED <u>10/13/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/13/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Willow Springs City</u>	
24. FUNERAL DIRECTOR <u>Burns</u>		25. DATE RECD. BY LOCAL REG. <u>10-14-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Charles D. Parton</u>		27. LOCATION (City, town, or county) <u>Willow Springs, Mo.</u>	

Permit issued

10-11-1967

C.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. B. Burns*

Licensed Embalmer No.

3379

P. O. Address

*William Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.